

Chambersburg Recreation Department Soccer Camp

Participant's Name _____ M ___ F ___ Grade _____ DOB _____ Age _____

Email Address _____ Phone _____

Address _____ City _____ Zip _____

Please Circle Township in which you reside: Boro Greene Guilford Hamilton Letterkenny Lurgan Other

Parent or Guardian Name: _____ Phone: _____

Are there any medical conditions or medications of which we should be aware? If yes, please explain.

***This camp is for children entering 1st grade through 13 yrs of age with previous league-play experience**

With which League or Team has your child participated? _____

Waiver / Permission Slip

This form grants _____ (participant's name) permission to participate in the Chambersburg Recreation Department's Soccer Camp. I am aware that this type of recreational activity may result in injury. I (we) agree that the Borough of Chambersburg, its representatives and/or other organizations and individuals connected with sponsoring or conducting this event will not be held liable for any injury that may occur.

Parent or Guardian Signature _____ Date _____

Photo Release

I, _____, give my permission to the Chambersburg Recreation Department to use photographs of my child or myself for the purpose of advertising and promotion.

Parent or Guardian Signature _____ Date _____

Soccer Camp Day: Date: Time: Reg. Deadline:
M-F 6/19-23 9:00 AM-12:00 PM 6/7

Cost: \$75 / \$65 Borough Resident

Shirt Size: (Please Circle) Youth Sizes: S M L Adult Sizes: S M L XL

Return Form with Payment to: Chambersburg Recreation Department
235 S. 3rd St., Chambersburg, PA 17201